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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) AREX-P03-004 | |
| Application Number 09/376,604 | | Filed August 18, 1999 | |
| For THERAPEUTIC COMPOSITIONS THAT ALTER THE IMMUNE RESPONSE | | | |
| Art Unit 1642 | | Examiner G. B. Nickol | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| | | <u>Fee</u> | <u>Small Entity Fee</u> |
| <input type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$110.00 | \$55.00 \$ |
| <input type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$420.00 | \$210.00 \$ |
| <input checked="" type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$950.00 | \$475.00 \$ 475.00 |
| <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$1,480.00 | \$740.00 \$ |
| <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$2,010.00 | \$1,005.00 \$ |
| <input checked="" type="checkbox"/> | Applicant claims small entity status. See 37 CFR 1.27. | | |
| <input type="checkbox"/> | A check in the amount of the fee is enclosed. | | |
| <input type="checkbox"/> | Payment by credit card. Form PTO-2038 is attached. | | |
| <input checked="" type="checkbox"/> | The Director has already been authorized to charge fees in this application to a Deposit Account. | | |
| <input checked="" type="checkbox"/> | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-1945. I have enclosed a duplicate copy of this sheet. | | |
| I am the <input type="checkbox"/> applicant/inventor. | | | |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number 41,368 | | | |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____ | | | |
| <u>Lisa M. Treannie</u> Signature | | <u>September 3, 2004</u> Date | |
| <u>Lisa M. Treannie</u> Typed or printed name | | <u>(617) 951-7725</u> Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below | | | |
| <input checked="" type="checkbox"/> | Total of 1 forms are submitted. | | |

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| I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. | |
| Dated: <u>9/3/04</u> | Signature: <u>Paula Depelteau</u> (Paula Depelteau) |